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FILED

10/10/2007

JUL 16 2008

Jul 16 2008

MICHAEL W. DOBBS
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITTERENCE BRUCE RICHARDS

Plaintiff

v.

UNITED STATES OF AMERICA ETAL

Defendant(s)

08CV4037

JUDGE KENNELLY

MAG. JUDGE BROWN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, TERENCE BRUCE RICHARDS, declare that I am the ☐ plaintiff ☒ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)

I.D. # _____ Name of prison or jail: _____

Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: _____

2. Are you currently employed? ☐ Yes ☒ No

Monthly salary or wages: _____

Name and address of employer: _____

- a. If the answer is "No":

Date of last employment: MARCH 15TH, 2004Monthly salary or wages: \$60,000.00Name and address of last employer: HSBC TECHNOLOGY & SERVICES USA INC2700 SANDERS ROAD
PARSONS HEIGHTS ILLINOIS 60070

- b. Are you married? ☐ Yes ☒ No

Spouse's monthly salary or wages: _____

Name and address of employer: _____

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

- a. Salary or wages ☐ Yes ☒ No

Amount \$ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☒ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☒ Yes ☒ No
Amount \$1,8 Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents

NONE

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: JULY 16, 2008


Signature of Applicant

TERENCE BRUCE RICHARDS
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

*** REC 2008169 131443 HA8222E0 ANSZ CIPQYA4 PQA4 (F-ANS) ***

SOCIAL SECURITY ADMINISTRATION

Date: June 17, 2008
Claim Number: 331-66-0642A
331-66-0642DI

TERRY B RICHARDS
105 S ASHLAND
CO SALVATION ARMY
CHICAGO IL 60607-2401

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Other Important Information

YOUR BACK PAY ISSUE IS CURRENTLY PENDING IN BACKLOG IN OUR PAYMENT CENTER. ONCE YOUR OVERPAYMENT/UNDERPAYMENT IS RESOLVED, YOU WILL RECEIVE NOTICE OF OUR DECISION

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 312-886-8848. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
GROUND FLOOR
1233 WEST ADAMS
CHICAGO, IL 60607

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

OFFICE MANAGER

Important Information

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: July 10, 2008
Claim Number: 331-66-0642HA

000090985 01 MB 0.369 T347 T2R M04,0703,PC7,N,BA,

TERRY B RICHARDS
105 S ASHLAND
CO SALVATION ARMY
CHICAGO IL 60607-2401



As you requested, we will begin deducting your Medicare prescription drug plan costs from your monthly benefit.

What We Will Pay And When

- You will receive \$1,808.20 for July 2008 around August 27, 2008.
- After that you will receive \$1,841.10 on or about the fourth Wednesday of each month.

Information About Your Medicare Prescription Drug Plan Costs

We deducted \$65.80 for your Medicare prescription drug plan costs from the check you will receive for July 2008 on or about August 27, 2008.

This represents all Medicare prescription drug plan costs due to date.

Each month, we will continue to deduct \$32.90 for your Medicare prescription drug plan costs.

If you have any questions about your Medicare prescription drug plan costs, please contact your Medicare prescription drug plan.

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-312-886-8848. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
GROUND FLOOR
1233 WEST ADAMS
CHICAGO, IL 60607

331-66-0642HA

Page 2 of 2

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

A handwritten signature in cursive script, reading "Carolyn L. Simmons".

Carolyn L. Simmons
Associate Commissioner for
Central Operations

000077933 01 AT 0.346 T278 T2R M04,0627,PC7,N,BA.

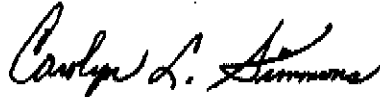
[illegible]

SOCIAL SECURITY
GROUND FLOOR
1233 WEST ADAMS
CHICAGO, IL 60607

331-66-0642HA

Page 2 of 2

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A handwritten signature in cursive script, appearing to read "Carolyn L. Simmons".

Carolyn L. Simmons
Associate Commissioner for
Central Operations

1909

Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Award

TERRY B RICHARDS
 1402 CAROL CT
 APT 1B
 PALATINE IL 60074-3053

Office of Central Operations
 1500 Woodlawn Drive
 Baltimore, Maryland 21241
 Date: June 14, 2006
 Claim Number: 331-66-0642HA

|||||

We are writing to let you know that you are entitled to monthly disability benefits from Social Security beginning September 2004.

What We Will Pay

We are paying you beginning June 2006.

- You will receive \$1,797.00, which is the money you are due for June 2006.
- After that, you will receive \$1,797.00 each month.

We are withholding your Social Security benefits for September 2004 through May 2006. We may have to reduce these benefits if you receive Supplemental Security Income (SSI) for this period. When we decide whether or not we have to reduce your Social Security benefits, we will send you another letter. We will pay you any Social Security benefits you are due for this period.

Your Benefits

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums and worker's compensation offset. We must also round down to the nearest dollar.

Beginning Date	Benefit Amount	Reason
-------------------	-------------------	--------

ENCLOSURES:

PUB. NO. 05-10153 PUB. NO. 05-10058
 C SEE NEXT PAGE

*201104080877NOT AFF X3 PMA WARD CFCJ R06612 PAM 000100100

331-66-0642HA

1909

September 2004	\$1680.10	Entitlement began
December 2004	\$1725.40	Cost-of-living adjustment
January 2005	\$1727.00	Credit for additional earnings
December 2005	\$1797.80	Cost-of-living adjustment

Other Social Security Benefits

The benefits described in this letter are the only ones you can receive from Social Security. If you think that you might qualify for another kind of Social Security benefit in the future, you will have to file another application.

Your Responsibilities

The decisions we made on your claim are based on information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away. We have enclosed a pamphlet, "When You Get Social Security Disability Benefits...What You Need to Know". It will tell you what must be reported and how to report. Be sure to read the parts of the pamphlet which explain what to do if you go to work or if your health improves.

Things To Remember

Doctors and other trained staff decided that you are disabled under our rules. But, this decision must be reviewed at least once every 3 years. We will send you a letter before we start the review. Based on that review, your benefits will continue if you are still disabled, but will end if you are no longer disabled.

Do You Think We Are Wrong?

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.

C

SEE NEXT PAGE

331-66-0642HA

1989

- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

Please read the enclosed pamphlet, "Your right to Question the Decision Made on Your Social Security Claim". It contains more information about the appeal.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll free at 1-800-772-1213, or call your local Social Security office at 1-847-222-1877. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
215 SOUTH ELMHURST RD
PROSPECT HEIGHTS IL 60070

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Jo Anne B. Barnhart

Jo Anne B. Barnhart
Commissioner
of Social Security

C

20080716 10:00:07 NOT A PP X3 PM AWARD CFC 1 080812 PAM 00000000

Order Form (01/2005)

United States District Court, Northern District of Illinois

Name of Assigned Judge or Magistrate Judge	Philip G. Reinhard	Sitting Judge If Other than Assigned Judge	
CASE NUMBER	06 CR 00233	DATE	7/15/2008
CASE TITLE	United States vs. Terence Richards		

DOCKET ENTRY TEXT:

Following receipt of the government's response to the motion for status on return of defendant's laptop computer and the motion for return of his social security checks, the court orders as follows: The government is to turn over to defendant personally the laptop computer by July 23, 2008. Defendant is to come to the United States Attorney's office in Rockford, Il. to receive it. The court notes that the return of the computer has taken far longer than it should have. As for the social security checks, the government is to file an affidavit within 3 days supporting its assertion that the checks are not currently in the possession of the United States Attorney or any other law enforcement agency. See Stevens v. United States, No. 08-1283, slip op. at 7-8 (7th Cir. July 1, 2008). When the affidavit is filed, and absent any contrary evidence, the court will enter an order denying the motion for return of the checks. The notices for a hearing on both matters set for July 23, 2008, are stricken.



Notices mailed by Judicial staff.

Courtroom Deputy
Initials:

LC

COUNTY OF WINNEBAGO)
) ss.
STATE OF ILLINOIS)

AFFIDAVIT

I, MARK T. KARNER, being first duly sworn upon oath, depose and state:

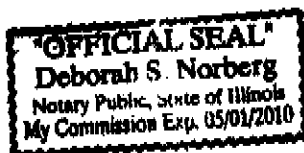
1. I am an Assistant United States Attorney in the Northern District of Illinois, Western Division. In 2006, I was assigned to prosecute the case captioned *United States v. Terence Richards*.
2. Assistant Federal Defendant Paul Flynn represented Terence Richards at his sentencing hearing. I recall that during Richards' sentencing hearing, Mr. Flynn possessed Mr. Richards' Social Security checks and made reference to these checks during his argument to the court. On July 11, 2008, I spoke to Mr. Flynn by telephone in an attempt to determine the whereabouts of Richards' social security checks. Mr. Flynn confirmed that the Federal Defender's Office currently possesses Mr. Richards' checks.
3. On July 7 and July 15, 2008, I spoke to Federal Bureau of Investigation ("FBI") Special Agent Susan Hanson and confirmed that the FBI does not possess any of Mr. Richards' Social Security checks.

4. I checked the Terence Richards case file and determined that the United States Attorneys Office does not possess any of Mr. Richards' Social Security checks.

Affiant Further Sayeth Not.


MARK T. KARNER
Assistant United States Attorney

SUBSCRIBED AND SWORN TO before me July 16, 2008.




Notary Public